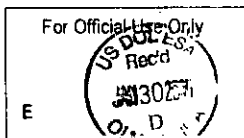


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5496</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>James</u> <u>C</u> <u>Little</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2905 Steve Drive</u> City <u>Hurst</u> State <u>Texas</u> ZIP Code + 4 <u>76054</u>	4. Name, file number, and address of labor organization. Name <u>Transport Workers Union</u> Labor Organization File Number <u>111-218</u> <u>000-218</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1700 Broadway, Second Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10019</u>
5. Position in labor organization. <u>Intl Ad VP - Director ATD</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text" value="American Airlines, Inc."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="4333 Amon Carter Blvd"/></p> <p>City <input type="text" value="Fort Worth"/></p> <p>State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="76155"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; padding: 5px;"> <p>A6 pass for air travel. See Attached. Part 7a and 7b</p> </div> <p>7.b. Amount.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

1-13-06

Date _____

212-259-4900

Telephone Number

Name of Person Filing James Little

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Air Transport Division



RE: LM30 Attachment - Section 7a and 7b
LABOR: 000-218
From: James C. Little- International Ex VP- Air Transport Director
Date: January 13, 2006
A5 Pass Holders

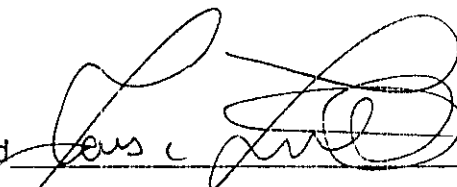
Transport Workers Union
1791 Hurstview Dr
Hurst, TX 76054
Office: 817-282-2544
Fax: 817-282-1906
Email: info@twuatd.org

Answer to Question 7A – Asking for the Nature of the Interest, Transaction, or Income

An A5 pass for airline travel, which permits me to fly for free on American Airlines for business purposes and allows myself and my wife to fly at the reduced employee rate on a space available basis on the airline for personal purposes, which is the same benefit that the airline provides to its other employees and their families.

Answer to Question 7B – Requesting the Amount of the Interest, Transaction or Income

I used the A5 pass for business travel approximately 3 or 4 times a month during 2005. As I would have been eligible to travel on those flights at reduced rates as an American employee provided there was space available, and airline ticket prices were highly variable over the course of 2005, the approximate value of these flights to me is not reasonably determinable at this juncture.

Signed  on 1-13-06
James C. Little,

